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# WOMEN LOOKING PHYSICALLY ATTRACTIVE AT 60 YEARS OLD: THE AGEING BODY AND IDENTITY

## INTRODUCTION

Gulette (1997) has argued that "we are aged by culture". It is the culture's daily narratives of decline that construct the experience of the ageing body rather than what is happening physically. Put another way, individuals are not just judged as how old they are, but how young they are not: "A range of negative meanings is read off from the aged body, which is then itself in turn taken to be the source of the problems of old age" (Twigg 2004 p61).

The traditional views of understanding the position of older adults in society revolved around the production process. In other words, those in employment/productive, and those not (ie: retired). Older adults tended to be viewed negatively because they were no longer productive in that sense.

However, the growth in consumerism has meant that individuals generally express their identity in relation to products/services purchased. So it is for older adults. They may have retired from work, but their "consumer-led retirement lifestyle" (Gilleard 1996) is of great importance in society. The older adult has now found a new social meaning.

Consumerism is about change. It is about switching purchases or buying new products. In fact, "consumer capitalism" (Brewer 2001), which is a distinct form of modern consumerism thrives by selling more, and one key way to sell more is through new products <sup>1</sup>. So change is crucial:

Retirement lifestyles that build upon such changing patterns of consumption are themselves likely to be more flexible, more open to change, and more self selecting than those of previous generations which have been disciplined more

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<sup>1</sup> "Consumer capitalism" has two key characteristics:

- i) The need to sell more products as profits must always increase each year;
- ii) The selling of consumer (non-essential) goods.

Both of these characteristics occurs within saturated markets (ie: people have enough of the products).

"Consumer capitalism" can be seen as a third stage in a series of stages of the development of consumerism. The first stage is the purchasing of goods to fulfil basic survival needs, like the availability of a greater choice of food. The second stage is based around consumer products that improve life, like washing machines or cars. The next stage, where we are today, is the selling of products that are unnecessary to basic survival needs or improving life. This could also be called a "post-basic consumerism" (Brewer 2008).

completely by the structures of production  
(Gilleard 1996 p490).

This flexibility is a positive outcome for older adults with greater opportunities and choices (assuming that they have enough income for such purchases).

But an adherence to consumerism has a negative side as well. Most relevant here is the preoccupation with physical appearance. Physical appearance and the body provide a massive opportunity for selling products. New products increase the expectations about the body, and focus the attention on what is attractive. All ages, especially for women, are encouraged to notice how they look, and, more importantly, how much better they could look with this or that product. The body has become central to identity in consumerism. "Physical appearance has become increasingly important as a symbol of identity, and at the same time society idealises youth" (Rexbye and Povlsen 2007 p61). For Turner (1995), there is no distinction now between the body and self-identity<sup>2</sup>.

From a different point of view, Phoenix and Sparkes (2008) asked student athletes about their perception of the self now and in the future. The current ("sporting self") was rated positively, while there were feelings of dissatisfaction with future selves. The belief that "their bodies as currently being at their 'peak', or in their 'prime' - strong, fast, powerful, agile, youthful and invincible. Importantly however, believing that life at present is unbeatable can prove problematic for the ways in which the future is perceived" (p219). In other words, ageing becomes difficult if so much is invested in the fit body<sup>3</sup>.

Biggs et al (2007), in their interviews with UK "baby boomers" (individuals born between 1945-54), found an awareness of fashions, and an affinity towards the younger rather than the older generation. Though this affinity was moderated:

If I wanted to go and buy some new clothes,  
there are shops I wouldn't think of going into,  
I wouldn't even walk in , because I know I would  
say, "That's not for me!" If I was twenty years  
younger I might go there. Then there are shops  
that I would not go into but my parents would  
have bought in. Those sort of shops are disappearing  
in a way" (Male respondent, 55 years old)(p49).

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<sup>2</sup> It is also possible that the body has become a means of communicating status where traditional class structures have declined as in the UK.

<sup>3</sup> Using "fit" in the accepted way, as well as the colloquial term to mean physically attractive.

The "baby boomers" are seen as the first generation of consumers. Individuals who grew up in a time when consumerism ("consumer capitalism") was developing in the 1950s and 60s, and becoming the dominant form of social structure. "Consumer capitalism" is about youth, and so those individuals raised within it will have that focus.

"Consumer capitalism" aims to sell products and services, but through the selling of aspirations, and aspirations that cannot be achieved because the consumer will return to buy again if the aspirations are unsatisfied. One unachievable aspiration common in marketing is the idea of perfection as in the "perfect body". So "youth" or "being young" is an unachievable aspiration used in marketing. Buy this or that product and you will look young, and now this or that product, and so on.

Gilleard and Higgs (2007) saw it slightly differently: "it is not youth per se that is bought and sold so much as the ideologies of youthfulness, symbolised by the consumerist quartet of virtues - choice, autonomy, self-expression and pleasure" (p26).

## THE BODY

For all ages, the body is now the "core to understanding personal identity" (Estes et al 2003), but for older adults it is harder to hide the "progressive betrayals" of the body.

Thus "...the ageing body is positioned between the opportunities for self expression provided by consumer culture, and the visible nature of biology" (Rexbye and Povlsen 2007 p62). "Master narratives" can be seen to exist that are contradictory yet inter-related: the biological decline of age versus "consumer agelessness" (Biggs and Powell 2001).

One response to this situation is known as the "mask of ageing" (Hepworth 1991). This is the idea of a youthful "real" self, which is able to partake in consumerism, underneath the outwardly ageing body.

But:

An endgame emerges with older people being at war with themselves, in a battle between a desire for youthful expression and an ageing body. Ageing, as a mask, becomes a nightmare version of the consumer dream of endless reinvention as identity emerges as a contradiction between the fixedness of the body and the fluidity of social images (Estes et al 2003 p38).

The practical upshot is the desire for techniques to change the physical appearance like "cosmetic surgery" and bio-technology. A Channel 4 documentary called "Bus

Pass Boob Jobs" (2006) focused upon three older adults who wanted or were undergoing cosmetic surgery. Much of what they said about wanting the surgery related to a desire to go back in time or start again.

For example, Sylvia Adams (65 years old), who was having breast implants, talked of "trying to recapture some of it" (her 30s). While Tony Day (in his 70s) wanted a facelift because he hoped that a new face would make him a different person and he could start again.

Biggs (1997) preferred to see the outward conformity of making the body look attractive as a means of protecting the mature self in an environment of conflicting messages. This "masquerade is presented as a tactical manoeuvre to negotiate the contradict between social ageism and the increased personal integration that accompanies adult ageing" (Estes et al 2003 p39).

## LOOKING ATTRACTIVE

Oberg and Tornstam (1999) distinguished three levels of meaning about the body in society:

- Images of the ageing body in the media;
- Subjective experience of own body by the individual;
- Meaning attached to that body by others.

Rexbye and Povlsen (2007) asked participants of varying ages to look at photographs of older adults (70 years old or more) in a Danish study. Participants commented on the "dress code" of the women, in particular, under the theme of "mutton dressed as lamb" versus "growing old gracefully" (Fairhurst 1998). A photograph of a woman in jeans, a "medium low-cut" blouse, and "fairly high heels" produced comments of the first category - "mutton dressed as lamb":

- "...she wants to give the impression that she is still hip.." (79 year-old female);
- "...there is something forced about her wanting to appear young" (37 year-old teacher);
- "they {my own mother and other ladies her age} do not wear high heels and jeans.. because only the 'cheap girls' of the city did that" (37 year-old student teacher)(p71).

Interestingly, however, this woman was estimated as an average of 62 years old when she was actually 73 years old.

The reaction to the photographs that were seen as

"growing old gracefully" included "She hasn't put on these clothes because she wants to look younger.. it's not forced, and it gives her style" (37 year-old student teacher)(p72).

The norms of appearance for older women are clearly evident.

The woman classed as "mutton" produced a strong negative reaction, but why? Is it because she was showing signs of sexual activity? "The very concept of elderly women engaging in sexual activity has been repugnant to society for hundreds of years.. since the only approved aim of sex has been that of reproduction" (Rexbye and Povlsen 2007 p76).

In a culture that emphasises female physical beauty, women self-objectify their bodies. This means that they take an observer's perspective of their bodies, and the bodies become objects to be looked at and evaluated. This leads to "habitual body monitoring" (Fredrickson and Roberts 1997).

"Technologies for self-monitoring and surveillance, such as photographs, mirrors, or bathrooms where the whole body can be observed naked, allow for a new form of reflexive self-scrutiny in which the body and its changes become the focus for acute attention" (Twigg 2004 p61). This process in the context of the ideal of youth produces body dissatisfaction.

Grippo and Hill (2008) interviewed 138 European American heterosexual women between the ages of 40 and 87 years about their attitudes towards the body. A number of psychometric scales were used like the Self-Objectification Questionnaire (SOQ)(Noll and Fredrickson 1998) <sup>4</sup>.

Approximately 40% of the sample reported body dissatisfaction. Self-objectification and habitual body monitoring positively correlated with body dissatisfaction, and remained stable across the age groups. However, older women were found to body monitor less. Endorsing feminist attitudes, sadly, did not change the relationship, "suggesting that the agreeing with the feminist or women's movement, which emphasises that a woman's appearance should not determine a woman's self worth.. has not necessarily been translated into a reality for many women" (Grippo and Hill 2008 p179).

But, in relation to appearance, how does age resistance differ from age denial (Twigg 2004)? For Andrews (1999) agelessness is unhelpful: "Old age is no different from the other stages of life.. The changes are

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<sup>4</sup> This is a 12-item scale that measures concern about the body in observable and non-observable terms. Observable aspects include physical attractiveness and weight, and non-observable ones are muscular strength and physical stamina.

many and real; to deny them, as some do in an attempt to counter ageism, is folly" (p309).

Oberg and Tornstam (1999) stated five key questions about the experience of the ageing body to test in their study of 2000 Swedish adults of all ages. Body image was measured by four items:

- "My looks are important to me";
- "I worry about how my looks will change as I grow older";
- "I am satisfied with my body";
- "I feel that my body reflects who I really am".

The questions and findings are:

1. Are looks generally more important for women than for men, and if so, is such a gender difference the same in all age groups?

Overall 82% of women agreed with the statement "my looks are important to me" compared to 60% of men. For women agreement remained similar across all age groups, but increased slightly for men to peak at 75 years old plus.

2. Are women generally more worried than men about how their looks will change as they grow older?

Women worried more overall (27% vs 16%). For women the youngest (40%) and the oldest (nearly 50%) age groups were most worried, and the oldest men were most concerned (over 20%).

3. Are women more dissatisfied with their bodies than men and does this difference increase with age?

Generally more men than women agreed with the statement "I am satisfied with my body", but women's agreement increased with age. In other words, women over 65 years were more satisfied with their bodies than under 35s.

4. Is there a decrease with age in the belief that the body reflects the self, and is this increasingly disidentification with the body more apparent in men than in women?

The answer here was no as the data showed that agreement with the statement "I feel that my body reflects who I really am" increased with age, especially



for women.

5. Is there a growing discrepancy between the subjective age experience and chronological age and is this discrepancy larger for men than for women?

Generally respondents felt younger than their chronological age, but they did not feel ageless.

The results suggested a positive body image for women as they aged, but the authors did admit that possible methodological problems, like cross-sectional data, could explain the findings.

#### RESEARCH WITH OLDER WOMEN

Maintaining physical attractiveness (or beauty) requires women to use "body maintenance techniques". These include fitness, cosmetic surgery, dieting, and beauty treatments.

Paulson (2008), in her ethnographic study of beauty therapists, took a "critical realist position" in relation to "body maintenance techniques". This means that "the body is both real as a physical entity in terms of body materiality and at the same time, socially constructed in terms of body talk and bodily practices" (p257). In other words, some of the experiences of the body are socially constructed, and others have a "real physical dimension". How much of the experience of the body is down to which one is open to debate.

Paulson performed a participant observation at a training centre for beauty therapists in an English city over a two-week period. The curriculum of the trainees constructed the older clients as different to younger ones. For example, special sessions on ageing skin, and concerns about "health and safety issues for the elderly in the beauty salon". Yet older clients were also seen as the same as others, needing the same treatments.

"Claire", the lecturer, said: "Lots of people in their 60s and 70s don't use moisturisers because of World War Two and not having much money. They consider it extravagant to buy moisturisers. Beauticians must educate older people about skin care" (p261).

The older clients themselves emphasised the psychological benefits of the treatments. A 50 year-old client receiving a "facial" described her thoughts: "I'm here for the inner body. I'm not interested in things like make-up. Feeling more relaxed makes you feel better. I don't think about ageing at all when I have beauty therapy" (p264).

Paulson noted that it was interesting that this woman constructed a facial "in psychological terms of relaxation and well-being rather than in physical terms of social appearance".

The clients are attending beauty therapies, they say, for health reasons, but in many cases, the treatments are about appearance. Is this the women in denial or the fact that "health and beauty" are linked together in everyday life for all women? Are these older women behaving any differently to women of all ages in having to look good as a normal part of femininity? Looking good and feeling good have been constructed as the same thing.

Clarke and Griffin (2007) interviewed 44 Canadian women aged 55-70 about their use of "beauty work interventions" (anti-wrinkle creams, cosmetics, hair dyes, cosmetic surgeries, and non-surgical cosmetic procedures like Botox injections).

Analysis of the interviews highlighted certain narratives:

- "Natural ageing" - This is "ageing without trying to alter what's happening" (60 year-old interviewee). However, such a process was not embraced with most of the interviewees using interventions - make-ups (37), hair dyes (27), anti-wrinkle creams (16), non-surgical cosmetic procedures (21), and/or surgery (4).

Natural ageing was perceived as risky. A 52 year-old interviewee felt that "natural ageing means you really look, you know, terrible because you're not doing anything" (p192).

- Natural ageing versus looking natural - Though women were using interventions, it was important to "look natural": "I have seen people with Botox, for example, and it looks phoney to me" (66 year-old interviewee). While a 52 year-old woman said: "I think I would get a facelift just to help me age gracefully because your body doesn't help you.." (p193).

But "attempting to pass the unnatural for the natural reflected the inherent variety and moral shallowness of the women who had purchased the non-surgical and surgical procedure" (Clarke and Griffin 2007 p196).

- "Graceful ageing" - The "language of battle" was used by many of the women in "their struggles with their own ageing bodies". Terms like "fighting ageing" were used.

These interviews highlighted the contradictions inherent in ageing, in ageing as a female, and ageing and physical appearance in a "society obsessed with youthfulness and female beauty".

Many feminists (eg: Bartky 1998) argue that women who engage in "beauty work practices" are pressurised to do so within a patriarchal and ageist society. Other writers (eg: Davis 1995) see women as choosing and empowered by such practices, as being pragmatic in aiding the ageing body in a society that emphasises looking young.

#### OLDER WOMEN ARE WOMEN

If older women are concerned with physical appearance, it is no different to what has been taught from childhood to girls and women - looking good is all that matters. Ussher (1997), talking about teenage magazines, noted: "So girls are taught that concealment, ritual display and beauty are 'essential' aspects of being 'woman' and at the same time that these rituals must be kept private, a secret shared between women, or at least conducted far away from the prying eyes of men" (p57).

Ultimately all women are faced with the failure to measure up "naturally" to the "Professional Beauty Qualification" (Wolf 1990).

The preoccupation with looking physically attractive for women is a key focus for all age groups. Gill (2008) felt that:

Today, the body is portrayed in advertising and many other parts of the media as the primary source of women's capital. Indeed, there seems to have been a profound shift in the very definition of femininity such that it is defined as a bodily property rather than a social structural or psychological one (p42).

For example, in a poster advertisement for a particular brand of bra, a young woman is wearing the said product, and situated between her breasts is the slogan, "I can't cook. Who cares?".

To emphasise:

..where once sexualised representation of women in the media presented them as passive, mute objects of an assumed male gaze, today women are presented as active, desiring sexual subjects who choose to present themselves in a seemingly objectified manner because it suits their (implicitly "liberated") interests to do so (Gill 2008 p42).

Gill (2007) talked of a post-feminism culture where

neo-liberal tendencies of extreme individualism with notions of choice are dominant. Women talk of "pleasing themselves" and "being themselves" as they discipline their bodies to be beautiful.

Scant attention is paid to the pressures that might lead a teenager to decide that major surgery will solve her problems, and even less to the commercial interest that are underpinning this staggering trend, such as targeted advertising by cosmetic surgery clinics and promotional packages which include mother and daughter special deals and discounts for two friends to have their "boobs" done at the same time (Gill 2007 p153).

If women are now choosing to look good for themselves, why do so many women succumb to a particular narrow definition of physical attractiveness (hairless body, slim waist, firm buttocks)(Gill 2007)? This could be called "agency conformity" (Brewer 2008). Individuals believe that they are choosing their unique behaviour, but they are doing the same as everybody else.

The reality is that "socially-constructed, mass-mediated ideals of beauty" have become internalised. This is aided by self-surveillance <sup>5</sup>, self-monitoring, and self-discipline (Gill 2007). "Significantly, it appears that the ideal disciplinary subject of neo-liberalism is feminine" (p156). And all of the controlling of women's bodies is manifest in what is purchased, and, of course, that is all that matters for "consumer capitalism".

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<sup>5</sup> Self-surveillance involves the individual reflecting upon their behaviour and regulating it through self-imposed rules.

Foucault (1977) talked of the prison based on the Panopticon. This is a circular guard post in the centre of a circle of cells. The guards can see in all directions, but because they are hidden, the prisoners cannot tell if the guards are watching them at that moment. This is external surveillance. Self-surveillance, of modern life, is the internalisation of such an idea that a person is always be watched . The Panopticon has "become a transparent building in which the exercise of power may be supervised by society as a whole".

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# STUDYING AUTOBIOGRAPHICAL SUBJECTIVE EXPERIENCE IN PSYCHOLOGY: BEREAVEMENT

## INTRODUCTION

Traditionally much of psychology has and is not interested in studying subjective experience. Not surprisingly that is because it is difficult to study scientifically. It is "essentially qualitative not quantitative: for which we may be able to describe our subjective experience, we cannot measure it, at least not without losing its richness and the quality which gives it its authentic feel" (Stevens 1996 p150).

But it is the basis of humanity. It does seem limiting in terms of understanding psychology to ignore, or, at least, devalue such "data" as subjective experience. May (1983) observed the difference between Sigmund Freud who "knew about anxiety" and Kierkegaard who "knew anxiety". The former is the example of the technical, dispassionate "scientist", and the latter, a philosopher, who is describing their subjective experience as part of the object of the study. So the "data" of subjective experience is about human beings studying human beings.

This means that the main way to discover such "data" is through autobiography - getting individuals to talk (or write) about their feelings and experience. More than that, individuals also tell of what is meaningful to them. This is the layer (or layers) of purpose that is added to the actions of life.

Meaningfulness can occur at many levels from simple meanings to everyday tasks through to existential questions as asked by writer, Leo Tolstoy (1987): "why do I live? Why do I wish for anything, or do anything? Or expressed another way: is there any meaning in my life that will not be annihilated by the inevitability of death which awaits me?" (quoted in Stevens 1996 p206).

## EXPERIENTIAL PSYCHOLOGY

Experiential psychology "focuses on the experiencing person and the lived realities of existence" (Stevens 1996). It can be seen to draw its theoretical basis from a number of sources - humanistic, existential, and phenomenological. Stevens (1996) summarised the dominant features of such approaches as:

- "To be a person is to experience as existing in the world" - The importance of subjective experience;
- "To be a person is to be an active, intentional agent" - The importance of choice and self-governed motivation

in behaviour;

- "To be a person is to possess reflexive awareness" - The ability to reflect upon our actions, thoughts, feelings, and self.

The focus upon subjective experience in psychology is not new. For example, William James's (1950/1890) interest in "streams of consciousness" was about subjective experience. Through introspection an individual is able to describe their conscious experience. But language is a poor means by which to communicate such experience, so language can only be a metaphor for experience (Stevens 1996).

Phenomenological psychology (or existential phenomenology; Langridge and Butt 2004) is a "new" approach within psychology which has its origins in philosophical ideas from thinkers like Martin Heidegger (eg: 1962/1927) and Maurice Merleau-Ponty (eg: 1962/1945). It studies "'phenomena' (the appearance of things) in depth in order to understand how human beings experience the world of objects which they inhabit" (Hollway 2007 p131).

Two key ideas are explored by this approach (Hollway 2007):

i) "Being-in-the-world" - The individual is situated within time and in-the-world ("Dasein"; Heidegger 1962/1927);

ii) "Lifeworld" - The "inseparability between the world which forms the setting for one's life and the subjective experience of that life" (Hollway 2007).

## THE EXPERIENCE OF BEREAVEMENT

One area of human experience that is studied as subjective experience is bereavement. This approach allows the individual to describe the lived experience of such an event that outside observation cannot do justice to.

Lydall et al (2005) interviewed three women in South Africa whose adult child has died of AIDS-related illness. The women ("Selinah", "Rosemary", and "Lorraine") were contacted through an organisation called "The Compassionate Friends". Analysis of the interviews produced common themes:

i) Reaction to the news - Themes of disbelief, lack of understanding or denial emerged. For example, Lorraine said: "Everything just seems so unreal.. that I'm just going from the one day to the other, but everything..



it's like I'm not in my body" (p4).

ii) Relating to their dying child - After the diagnosis of HIV-positive, there was a period of time before the deaths. There was "hoping against hope" ("maybe she gonna live.."; Selinah) as well as "powerless and hopelessness" ("It hurts to see your child withering away"; Rosemary). There was also the stigma of the disease.

iii) The role of God - These themes related to how the women made sense of the deaths in relation to their understanding of God including "reconciling divine goodness and evil death", and "AIDS as a test" ("why has God done this to me"; Lorraine).

iv) The grief landscape - "The grief of bereavement is so intense and all-pervasive that it changes the way life itself is experienced" (Lydall et al 2005 p7):

- Feelings of emptiness - "Everything.. I loved is gone.." (Selinah);
- On being alone - "I wonder how I survived afterwards, because I felt so alone.." (Lorraine);
- The pain of the loss - "It can kill you!" (Rosemary).

v) Change and transformation: the world since the loss - Themes emerged that related to attempting to continue to live. For example, Selinah said: "I think it will go easier and easier, but how, and when, and how long it's going to take, that's the thing I don't know but i believe it will go away" (p8).

Studying subjective experience like this "generated a description which transcends the listing of attributes, and adds a complex and textured quality to the understanding of the phenomenon in question" (Lydall et al 2005 p11).

## PRIMARY RESEARCH

In the Appendix is an autobiographical piece written by "K" (a woman in her 20s at the time), in early 2001, about the diagnosis, decline and death of her friend, "L", from a brain tumour.

From a brief analysis, I have drawn out the following themes of K's experience:

i) Knowing something was wrong - eg: "I knew it wasn't fine. Had a feeling, indescribable. Somewhere just below my solar plexus, nagging quietly" (lines 17-18), and lines 24-29.

ii) Practical help to overcome powerlessness - eg: lines 12-13, and 37 ("Slippers").

iii) Ugliness vs beauty - eg: "She didn't wash, lost interest in her otherwise pristine appearance and previously perfect house" (lines 60-62). The terms "ugly" and "ugliness" are used a number of times.

iv) Not being anywhere - eg: "I wasn't there when she died. But I didn't feel like I was at the wedding either" (lines 88-89).

v) "Surprisingly normal" - "The lull before the storm had been so very surprisingly normal. She had chatted, gossiped and slipped into conversation, to each of us, that she was going to die" (lines 68-71).

vi) Afterwards - line 92 onwards.

This short piece of autobiographical writing by K gives us so much "data" about the lived experience of that period in her life including the meaningfulness of the events.

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## APPENDIX

- 1 It was ugly. There was no other way to describe it. No
- 2 wistful descent into oblivion, like the films. We even thought
- 3 about watching the latest flick starring Winona Ryder, graceful
- 4 and waiflike, meeting her death. But it wasn't like that. She

5 met the love of her life. L hoped to. She didn't.

6 She just met us, her friends and a whole lot of doctors,  
7 nurses and people in support groups. People that had had  
8 operations - surgery - and looked ugly, scarred and brutally  
9 tainted. But they were alive. She thought she would be too.

10 I got the call on Easter Sunday, at home with my folks. "I  
11 have headache and I can't see". "Shit,L, phone an ambulance,  
12 please". I had pleaded with her, told her I would drive back  
13 from Kent then and there, to the house in London, where I was  
14 her lodger. She had assured me it was fine. J was coming, to  
15 take her to see the emergency GP at the hospital. J was  
16 assertive in hospitals.

17 I knew it wasn't fine. Had a feeling, indescribable.  
18 Somewhere just below my solar plexus, nagging quietly. I sat  
19 and waited for the call from the hospital. I remonstrated over  
20 conversations about chronic headache syndrome in her "Nursing  
21 Times" and discussions about my migraines. I wished I had  
22 pushed her a little bit harder to stay later at the GPs where  
23 she had worked to ask for their advice.

24 She had begun sleeping an awful lot, complained of  
25 headaches, just after Christmas. She blamed this upon stress  
26 and the hours she spent in front of the PC, writing her  
27 dissertation for her nursing degree. I studied too. Spent hours  
28 more than her wedged into my chair, gazing at the small screen.  
29 I didn't have headaches like that.

30 Her daughter and I found ourselves spending more and more  
31 time together, whilst she slept. Any small task wore her out  
32 and I soldiered on, ignoring my studies to hang out with her  
33 little girl. I began to get resentful. And then I got the call.  
34 "It's a bleed, or a tumour". Shit. She sounded distant,  
35 stoical. I'm going to the National tomorrow. The specialist  
36 hospital for brain tumours. Will you come? Yes, yes, yes, of  
37 course. Anything you need? Stupid f\*cking question. "Slippers".  
38 "Consider it done - try to sleep. Love you lots". We always  
39 said that to one another. We were friends, housemates, and had  
40 shared a great deal.

41 The diagnosis came - of the worse kind. A tumour.  
42 Aggressive. Inoperable. She seemed to greet each bit of bad  
43 luck as a challenge. She took the trial drugs chanting "shrink  
44 the b\*stard". It didn't shrink anything. She put on weight, she  
45 ate endlessly and devoured bottles of Baileys. Steroids do  
46 that. I could handle that. I couldn't handle the effects of the  
47 morphine. Or the results of the strokes that left her dependent  
48 and disoriented, falling asleep, drugged senseless, with a fag  
49 burning from her swollen hand.

50 She was always demanding - always had been. There were those  
51 that believed she was much better than she was. If the phone  
52 rang (as it did often) she trilled happily that she was fine.  
53 Then she had another Baileys and fell asleep with yet another  
54 fag in her hand. She would wake, furious that I had taken the  
55 fag off of her and demanding another. Then she would stay awake  
56 all night, steroids cursing like speed through her blood. Even  
57 after we realised she had been administering her own medication  
58 wrongly and sorted it out, she didn't sleep.

59 And then came the morphine and the trial drug. She rambled  
60 incoherently, or told us the same thing thirty times a day. She  
61 didn't wash, lost interest in her otherwise pristine appearance  
62 and previously perfect house. Fags became the be all and end

63 all. Fighting talk stopped and the world shrunk as the tumour  
64 grew. She did little else then but smoke and sleep. It got ugly  
65 and uglier.

66 We finally brought her home to die. We had promised and had  
67 the skills between us to cope. One last fit had sent her into  
68 oblivion. She wasn't in there anymore. The lull before the  
69 storm had been so very surprisingly normal. She had chatted,  
70 gossiped and slipped into conversation, to each of us, that she  
71 was going to die. Anyone that had doubted suddenly got the  
72 shock of their lives. Soon, there would be no more demands made  
73 upon us by our demanding friend. She was off, leaving,  
74 departing. She was saying goodbye, to us and to fighting the  
75 ugliness.

76 Friday night we rushed to the hospital. The ambulance  
77 brought her home. We turned her every few hours - maintaining  
78 the skin she had spent so much time and care over. We fought  
79 with doctors for more morphine, to soothe her. We gave her  
80 chest physio for the bubbling muck that kept coming, catheter  
81 care, mouth care, love and care. We spoke to her. Urged her to  
82 go. As each organ packed up we prayed for the hour of her  
83 death. Especially those of us that didn't believe. Could she  
84 hear us? Probably not. We hoped she did and kept trying.

85 She died Saturday evening. Other friends washed her and  
86 tended to her. We were used to doing this for strangers - it  
87 was our job. I had gone to the wedding she had made me promise  
88 I would go to. I wasn't there when she died. But I didn't feel  
89 like I was at the wedding either. The call came in the middle  
90 of the groom's speech. It really doesn't get more ugly than  
91 that.

92 It's not ugly now. We all talk, to each other, to ourselves  
93 and to her daughter. We talk about her and other things in our  
94 lives, and the gap that was her. We reminisce and we dwell upon  
95 the suddenness and the ugliness that has past. And we fell  
96 honoured. To have shared someone's life and to have helped them  
97 so gracefully, no matter how ungraceful they felt, to the  
98 death. Me, her angel, with the rusty halo; medically minded,  
99 bossy J; the earth mother, S; the religious and practical A.  
100 And the others. We all love her lots and we miss her so very  
101 much. But the ugliness has passed into nothing. We strive to  
102 remember her beautiful.

Kevin Brewer

Article written June 2009

(Appendix by "K" written in July 2001)

## IRONY COMPREHENSION

A person's car breaks down, and they say, "That's great", or they win a prize and say, "That's unfortunate". In both cases, what is said is not to be taken literally, rather it is irony. It highlights a discrepancy between expectations and the outcome of an event, and is usually negative, but does not have to be (Pexman 2008).

Ironic statements are ambiguous, and the question is how does the listener understand the ironic meaning rather than the literal one. The traditional view was that the literal meaning is processed first and when rejected, an ironic meaning is processed. But the constraint-satisfaction approach (Pexman 2008) uses a connectionist neural network model. This means that all possibilities for a statement - literal, irony, lie - are processed in parallel using a number of cues, like inferences about the speaker, expectations, and tone of voice. The option that receives the most activations in the neural network becomes the interpretation (figure 1).

Speaker: "Great, it's raining"

CUES:	LITERAL	IRONY	LIE
1. Know that speaker does not like rain	No	Does not like rain	Does not like rain
2. Expectations	Most people don't like rain - no activation	Most people don't like rain - activation	Most people don't like rain - activation
3. Tone of voice - ironic	No activation	Activation	Activation
4. Experience with ironic language	No	Yes	No
5. Negative non-verbal cues	No	Yes	No
Number of cues	0	5	2

Conclusion - irony because most cues activated.

Figure 1 - Example of constraint-satisfaction approach.

Children begin to understand irony at 5-6 years old, and it develops in adolescence (Pexman 2008).

Climie and Pexman (2008) devised a technique to test children's understanding of irony. The children learned to pick up a plastic yellow duck when the speaker's intention in a puppet show was to be nice, and a plastic snarling grey shark when mean. Most comments were literal, but a few were irony. The eye movements of the

children were recorded to show which toy they looked at first before picking one up. The traditional theory would predict that children will look at the toy associated with the literal meaning before picking up the other one for ironic comments. This did not happen as children as young as five years old always looked first at the "ironic" object for ironic comments. This is taken as support for the constraint-satisfaction approach.

Irony comprehension is poor with individuals with autism, probably because of theory of mind deficits<sup>6</sup>, and individuals with brain damage to the ventromedial prefrontal cortex (which integrates cognitive and emotional inferences; ie: executive function)(Pexman 2008).

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<sup>6</sup> Theory of mind relates to knowing that another person has a different point of view. For example, if A leaves the room and B watches something happen, when A returns they will not know that event happened. Children without a theory of mind assume because B knows, A will know.